

Safety Climate And Security Infrastructure: A Comprehensive Analysis Of Healthcare Workers' Preferences And Priorities Across Different Practice Settings

Khalifah Ayad Alshammari¹, Abdulaziz Atallah Aldhafeeri², Salem Fahad Al-Dhafeeri³, Bassam Tami Heleel Al-Dhafeeri⁴, Khalaf Sultan Khalaf Al-Shammari⁵, Ahmad Meshari Almutairi⁶, Mohammed Salem Alshammari⁷, Badr Fallah Al-Mutairi⁸, Khaled Musaed Al-Mutairi⁹, Saleh Abdullah Halfarraj¹⁰, Abdullah Abdulrahman Al-Shammari¹¹, Manal Mazen Almutairi¹², Ghadeer Ghurman Alamri¹³, Lama Abdulrahman Alzomia¹⁴, fawaz jarw alshammari¹⁵

¹ Health and safety/Security, Specialized Dental Center in Al-Aziziyah, Hafar Al-Batin Health Cluster

² Health and safety/Security, Specialized Dental Center in Al-Aziziyah, Hafar Al-Batin Health Cluster

³ Health and safety/Security, Abu Musa Al-Ash'ari Health Center, Hafar Al-Batin Health Cluster

⁴ Health Assistant, Health Security, Hafr Al-Batin Central Hospital, Hafr Al-Batin gathering

⁵ Health Assistant / Health Security, Health Cluster, Hafar Al-Batin Health Cluster

⁶ Master of Science in Health Services Administration, Health Cluster, Hafar Al-Batin Health Cluster

⁷ Health Security, King Khalid Hospital in Hafr Al-Batin, Hafr Al-Batin

⁸ Health Security, Al-Aziziyah Primary Healthcare Center A, Hafar Al-Batin Health Cluster

⁹ Health Security, Sulaymaniyah Health Center, Hafr Al-Batin

¹⁰ Health Security, Sulaymaniyah Health Center, Hafr Al-Batin

¹¹ Health Security, Sulaymaniyah Health Center, Hafr Al-Batin

¹² Health Security Officer, Prince Sultan Bin Abdulaziz Health Center, Riyadh First Health Cluster

¹³ Health Security Officer, Prince Sultan Bin Abdulaziz Health Center, Riyadh First Health Cluster

¹⁴ Health Security Officer, Eskan Al-Mather Health Center, Riyadh First Health Cluster

¹⁵ Health Assistant - Health Security, Long term care hospital, Hafr Al-Batin Health cluster

Accepted: 20-07-2025

Published: 15-09-2025

Abstract

Healthcare settings present unique security challenges, with workers facing elevated risks of workplace violence and other safety concerns. This comprehensive analysis examines healthcare workers' preferences and priorities regarding safety climate and security infrastructure across various practice settings. Drawing on recent research and industry standards, this study explores the multidimensional nature of healthcare security needs, from physical infrastructure to organizational policies and interpersonal dynamics. Through examination of evidence from emergency departments, psychiatric units, general hospital settings, and community health centers, we identify key factors that influence worker preferences for security measures. Findings indicate that healthcare workers prioritize visible security presence, comprehensive training, clear response protocols, administrative support, and technological solutions tailored to specific practice contexts.

The article concludes with evidence-based recommendations for healthcare organizations to enhance safety climate and security infrastructure in ways that align with worker preferences while maintaining therapeutic environments. This analysis contributes to the growing body of knowledge on healthcare security by centering worker perspectives in the development of effective, context-sensitive security approaches.

1. INTRODUCTION

Healthcare facilities are paradoxical environments where healing and violence can coexist. While dedicated to care and compassion, these settings increasingly face safety and security challenges that threaten the wellbeing of both patients and staff. The healthcare sector consistently reports among the highest rates of workplace violence across industries, with frontline workers particularly vulnerable to verbal abuse, threats, and physical assaults (Lim et al., 2022). These incidents occur against a backdrop of complex care environments where workers must balance security needs with therapeutic imperatives and patient-centered approaches.

Recent years have seen growing recognition of the critical importance of safety climate and security infrastructure in healthcare settings, reflected in new standards from accreditation bodies and professional organizations. The Joint Commission's revised workplace violence prevention standards represent a significant step toward recognizing workplace violence as a serious healthcare quality and safety issue requiring systematic organizational approaches (Arnetz, 2022). Similarly, organizations like the International Association for Healthcare Security and Safety (IAHSS) have developed comprehensive guidelines and training certification programs to professionalize healthcare security (International Association for Healthcare Security and Safety, 2021).

Despite these advances, there remains a critical gap between standardized approaches to healthcare security and the diverse preferences and priorities of healthcare workers themselves. Different practice settings—from high-acuity emergency departments to community-based clinics—present unique security challenges that may necessitate tailored approaches. Moreover, healthcare workers across various disciplines and roles may have differing perspectives on what constitutes an optimal security environment, informed by their specific responsibilities, patient populations, and professional cultures.

This study presents a comprehensive analysis of healthcare workers' preferences and priorities regarding safety climate and security infrastructure across different practice settings. Drawing on recent research from multiple countries and healthcare contexts, we examine:

1. The multidimensional nature of healthcare security concerns and how they manifest in different practice environments
2. Healthcare workers' preferences regarding physical security infrastructure, organizational policies, and interpersonal dynamics
3. Variations in security priorities across different healthcare disciplines, roles, and practice settings
4. Evidence-based approaches for developing security systems that align with worker preferences while maintaining therapeutic environments
5. Future directions for research and practice in healthcare security

By centering healthcare worker perspectives, this analysis aims to provide valuable insights for healthcare organizations, security professionals, policy makers, and researchers seeking to enhance safety climate and security infrastructure in ways that address the needs and priorities of those working in healthcare environments.

2. The Multidimensional Nature of Healthcare Security

2.1 Defining Safety Climate and Security Infrastructure

Before exploring healthcare workers' specific preferences, it is important to establish conceptual clarity regarding safety climate and security infrastructure. Safety climate refers to the shared perceptions among organizational members about policies, procedures, and practices related to safety, as well as the priority given to safety within the organization (Baby et al., 2016). It encompasses both formal policies and informal norms that shape how safety is approached in day-to-day operations.

Security infrastructure, meanwhile, encompasses the physical, technological, and human resources dedicated to preventing and responding to security incidents. This includes physical barriers (locks, access control systems), surveillance technology, alarm systems, communications technology, security personnel, and the protocols that guide their deployment and response (Schoenfisch & Pompeii, 2016).

Together, safety climate and security infrastructure create the conditions that either support or undermine healthcare workers' sense of security in their workplace. A comprehensive approach to healthcare security must address both dimensions, recognizing that physical security measures alone are insufficient without an organizational culture that prioritizes worker safety.

2.2 The Landscape of Healthcare Violence and Security Concerns

Healthcare workers face a diverse array of security concerns, though workplace violence remains the predominant issue. According to Lim et al. (2022), healthcare workers face a risk of workplace violence that is 16 times higher than other service workers. This violence manifests in various forms, including:

- Verbal abuse, threats, and intimidation
- Physical assault (hitting, kicking, pushing)
- Sexual harassment and assault
- Weapon-related violence
- Property damage and theft

The prevalence and nature of these incidents vary significantly across practice settings. Emergency departments consistently report the highest rates of violence, with Partridge and Affleck (2017) finding that 87% of emergency department staff had experienced verbal abuse and 36% had experienced physical assault in the previous 12 months. Psychiatric settings also present elevated risks, while general medical-surgical units typically report lower—though still concerning—rates of violent incidents.

Beyond direct violence, healthcare workers also contend with other security concerns including theft of controlled substances, equipment security, after-hours safety, and protection of sensitive patient information. Healthcare facilities must therefore develop comprehensive security approaches that address this full spectrum of concerns while maintaining environments conducive to patient care.

2.3 High-Risk Practice Settings: Unique Challenges and Concerns

Certain healthcare settings present particularly challenging security environments due to their patient populations, physical layouts, or operational models. Understanding these context-specific concerns is essential for developing appropriate security measures that address worker preferences.

Emergency Departments

Emergency departments (EDs) function as healthcare's front line, operating 24/7 with open access policies that create inherent security vulnerabilities. Weyand et al. (2017) surveyed emergency departments in Washington state and found that 100% had experienced violent events, with 40% reporting at least one event per day. Contributing factors included:

- Patients with altered mental status due to intoxication, mental illness, or medical conditions
- Long wait times and patient/family frustration
- Easy accessibility and lack of controlled entry points
- Proximity to high-crime areas in urban settings
- Limited security staffing, particularly during night shifts

Partridge and Affleck (2017) found that ED nurses often normalized violence as "part of the job," even as they expressed concern about inadequate security measures and response protocols. This normalization represents a significant barrier to addressing security concerns effectively.

Psychiatric/Behavioral Health Settings

Mental health units face unique security challenges related to patient populations with potentially unpredictable behavior. Security approaches in these settings must balance safety concerns with therapeutic imperatives and patient rights. Muir-Cochrane et al. (2020) examined "code black" events (security emergencies) in psychiatric settings and found that security personnel played critical roles in de-escalation and restraint situations, though their involvement sometimes created tension with clinical staff over approaches to patient management.

Medical-Surgical Units

While general inpatient units typically experience lower rates of violence than EDs or psychiatric units, they present distinct security challenges. These include managing visitor access across extended visiting hours, securing valuable equipment and medications, and addressing security incidents with limited immediate access to security personnel. Schoenfisch and Pompeii (2016) found that many hospitals had inconsistent security coverage for medical-surgical areas, with security personnel often responding from central locations rather than being embedded in these units.

Community and Ambulatory Settings

Community health centers, clinics, and home healthcare settings often operate with minimal security infrastructure despite significant vulnerabilities. These settings may be located in high-crime areas, operate with minimal staff, maintain extended hours, and lack the security resources available in larger hospital settings. Healthcare workers in these environments often rely primarily on interpersonal skills and environmental awareness rather than formal security measures, creating potential gaps in protection (Queensland Health, 2016).

3. Healthcare Workers' Security Preferences: Evidence from Research

3.1 Methodological Approaches to Understanding Worker Preferences

Researchers have employed various methodological approaches to understand healthcare workers' security preferences and priorities. These include:

- Cross-sectional surveys measuring perceptions of safety, experiences of violence, and attitudes toward security measures (Partridge & Affleck, 2017; Baby et al., 2016)
- Qualitative interviews and focus groups exploring worker experiences and preferences in depth (Davids et al., 2021; Patterson et al., 2009)
- Discrete choice experiments (DCEs) examining how workers prioritize different security attributes when forced to make trade-offs (Hettiarachchi et al., 2023; Lancsar & Louviere, 2008)
- Retrospective chart reviews analyzing security incidents and responses (Muir-Cochrane et al., 2020)
- Observational studies examining security practices in natural contexts (Rinkoo et al., 2013)

Each approach offers unique insights, with DCEs emerging as a particularly valuable methodology for understanding how workers prioritize different security attributes. Hettiarachchi et al. (2023) used qualitative methods to identify key security attributes for inclusion in a DCE, finding that healthcare workers emphasized both tangible security measures (e.g., visible security personnel, access control) and organizational factors (e.g., administrative support, incident reporting systems).

3.2 Physical and Environmental Security Preferences

Research consistently shows that healthcare workers prioritize certain physical and environmental security measures, though preferences vary by practice setting.

Security Personnel

The presence of dedicated security personnel emerges as a top priority across multiple studies. Schoenfisch and Pompeii (2016) found that 85% of U.S. hospitals employed security staff, though staffing levels, training requirements, and deployment patterns varied widely. Healthcare workers express preferences for:

- Visible security presence in high-risk areas, particularly EDs (Partridge & Affleck, 2017)
- Security personnel with specialized training in healthcare contexts and de-escalation techniques (Rinkoo et al., 2013)
- Clear protocols for when and how clinical staff should engage security personnel (Muir-Cochrane et al., 2020)
- Appropriate appearance and demeanor of security staff that balances authority with approachability (Patterson et al., 2009)

The role of security guards in "code black" events (security emergencies) has been specifically examined by Muir-Cochrane et al. (2020), who found that security personnel were involved in 85% of such events in medical and surgical settings. Their study highlighted the importance of clear role delineation between security and clinical staff during security incidents, with healthcare workers preferring collaborative approaches that respected both security and clinical perspectives.

Albadry et al. (2020) specifically examined workplace violence against security personnel themselves in a university hospital in Egypt, finding that 62.2% had experienced violence in the previous year, with verbal abuse being the most common form. This study highlights the need for security personnel to receive adequate protection and support, as they often serve as the first line of defense in violent situations.

Access Control and Environmental Design

Healthcare workers express strong preferences for access control systems that regulate entry to sensitive areas while maintaining necessary operational flow. Weyand et al. (2017) found that emergency department staff prioritized:

- Card access systems for staff areas
- Visitor management systems
- Ability to lock down departments during security incidents
- Strategic placement of security cameras
- Well-lit parking areas and entrances
- Clear sightlines in patient care areas

Environmental design features that support both security and therapeutic objectives are particularly valued. These include design elements that facilitate observation of patient areas, separate waiting areas for potentially disruptive patients, and physical layouts that provide easy escape routes for staff if threatened (Queensland Health, 2016).

Technology and Equipment

Healthcare workers increasingly recognize the value of technology in enhancing security. Preferred technological solutions include:

- Personal duress alarms that can be discreetly activated

- Fixed duress buttons in high-risk locations
- Real-time location systems that can identify staff locations during emergencies
- Modern communication systems (e.g., secure messaging, dedicated security channels)
- Electronic medical record flags for patients with history of aggressive behavior

Hettiarachchi et al. (2023) found that healthcare workers valued both personal and fixed duress systems, though they expressed concerns about reliability and response times. The effectiveness of any technological solution depends on robust implementation, staff training, and integration with broader security protocols.

3.3 Organizational Policies and Cultural Factors

Beyond physical infrastructure, healthcare workers express strong preferences regarding organizational policies and cultural factors that shape the security climate.

Leadership Commitment and Administrative Support

Consistent leadership commitment to worker safety emerges as a critical factor across studies. Baby et al. (2016) surveyed healthcare managers regarding patient-perpetrated aggression and found significant variations in perceptions of responsibility for preventing and managing violent incidents. Healthcare workers express preferences for:

- Clear, consistent messaging from leadership that violence is not "part of the job"
- Adequate resource allocation for security measures
- Supportive responses to reported security incidents
- Involvement of frontline workers in security planning and policy development
- Regular evaluation of security measures and willingness to adapt based on feedback

The Joint Commission's revised workplace violence prevention standards emphasize leadership commitment as a cornerstone of effective violence prevention programs (Arnetz, 2022). These standards require healthcare organizations to develop comprehensive violence prevention systems that include leadership commitment, worksite analysis, hazard prevention and control, and training—all elements that align with healthcare worker preferences identified in research.

Reporting Systems and Follow-Up Procedures

Healthcare workers consistently identify effective incident reporting systems as essential to a positive security climate. However, research reveals significant gaps between formal reporting policies and actual practices. Mayhew et al. (2004) found that many healthcare workers did not report incidents of violence due to:

- Perceptions that reporting would not lead to meaningful change
- Complicated, time-consuming reporting processes
- Fear of being blamed or questioned about their role in incidents
- Lack of clear definition about what constitutes reportable incidents
- Normalization of certain forms of violence as "part of the job"

Worker preferences include streamlined reporting processes, transparent follow-up procedures, and regular feedback on organizational responses to reported incidents. Healthcare organizations are increasingly implementing electronic reporting systems that simplify the process, though technology alone cannot address cultural barriers to reporting.

Training and Education

Comprehensive training emerges as a consistent priority across healthcare roles and settings. Lim et al. (2022) identified training as a critical component of violence prevention, noting that healthcare workers prefer:

- Regular, mandatory training for all staff
- Scenario-based training that addresses realistic situations
- Role-specific content that addresses the unique challenges of different healthcare positions

- Content covering recognition of warning signs, de-escalation techniques, and appropriate response to various security situations
- Refresher training at appropriate intervals

The International Association for Healthcare Security and Safety (IAHSS) offers specialized certification programs for healthcare security personnel that address the unique challenges of the healthcare environment (International Association for Healthcare Security and Safety, 2021). However, research suggests that security training should extend beyond dedicated security staff to include all healthcare workers, with content tailored to their specific roles and contexts.

Zero Tolerance Policies and Enforcement

Healthcare workers express complex and sometimes contradictory views regarding "zero tolerance" policies toward violent or disruptive behavior. While many support the principle that violence should not be tolerated, there are concerns about how such policies are implemented in practice. Davids et al. (2021) found that emergency department staff valued policies that:

- Clearly defined unacceptable behavior
- Allowed for clinical judgment in applying consequences
- Considered the clinical status of patients (e.g., delirium, psychiatric conditions)
- Were consistently applied and supported by leadership
- Included appropriate consequences that deterred future incidents

The implementation of zero tolerance policies requires careful consideration of the unique healthcare context, where patients may have limited control over their behavior due to medical or psychological conditions. Healthcare workers generally prefer nuanced approaches that maintain safety while acknowledging these clinical realities.

3.4 Interpersonal Dynamics and Team Factors

Beyond formal policies and physical measures, healthcare workers emphasize the importance of interpersonal dynamics and team factors in creating secure work environments.

Team Cohesion and Support

Strong team relationships emerge as a protective factor against the negative impacts of security incidents. Rees et al. (2018) examined the effects of occupational violence on nurse wellbeing and resilience, finding that supportive collegial relationships buffered against psychological distress following violent incidents. Healthcare workers value:

- Team debriefing after security incidents
- Mutual support during potentially volatile situations
- Shared understanding of security protocols and responsibilities
- Recognition of the emotional impact of security incidents

Healthcare organizations increasingly recognize the importance of peer support programs and team-based approaches to security. SafeCare BC (2013) has developed resources specifically addressing team-based approaches to violence prevention, emphasizing collective responsibility for maintaining safe work environments.

Communication Patterns

Effective communication emerges as a critical factor in both preventing and responding to security incidents. Healthcare workers express preferences for:

- Clear, consistent communication about security risks and concerns
- Established communication protocols during security incidents
- Regular updates about security policies and procedures
- Mechanisms for staff to provide feedback about security concerns
- Transparency about security incidents and organizational responses

Davids et al. (2021) found that emergency department staff specifically identified communication breakdowns as contributing to security incidents, highlighting the need for systematic communication approaches that cross disciplinary and hierarchical boundaries.

Role Clarity and Collaborative Approaches

Healthcare workers express a strong preference for clear delineation of roles and responsibilities during security incidents, while also valuing collaborative approaches that respect different expertise. Muir-Cochrane et al. (2020) examined the interaction between clinical staff and security personnel during code black events, finding potential for both productive collaboration and interprofessional tension. Healthcare workers prefer security models that:

- Clearly define the roles of different team members during security incidents
- Establish who has decision-making authority in different situations
- Promote mutual respect between clinical and security perspectives
- Facilitate collaboration while maintaining appropriate boundaries

Patterson et al. (2009) explored the worldview of hospital security staff and its implications for health promotion, finding that security personnel often operated from a different conceptual framework than clinical staff. Bridging these different professional perspectives requires intentional efforts to build shared understanding and collaborative practices.

4. Variations in Preferences Across Healthcare Disciplines and Settings

4.1 Discipline-Specific Perspectives and Priorities

Different healthcare disciplines bring unique perspectives to security preferences based on their specific roles, training, and professional cultures.

Nursing Perspectives

As the largest healthcare workforce and the profession with the most sustained patient contact, nurses have been the focus of much research on healthcare security preferences. Partridge and Affleck (2017) found that emergency nurses reported high rates of both verbal abuse (87%) and physical assault (36%), with many expressing concerns about inadequate security measures. Nursing priorities typically include:

- Visible security presence, particularly in high-risk areas
- Duress alarm systems that can be quickly activated
- Clear protocols for obtaining security assistance
- Design features that facilitate observation while maintaining escape routes
- Ongoing training in de-escalation and safe patient management

Rees et al. (2018) examined how occupational violence affects nurse wellbeing and resilience, finding significant impacts on psychological health, job satisfaction, and retention. This research highlights the importance of not only preventing violent incidents but also providing appropriate support after incidents occur.

Physician Perspectives

Physicians often bring different perspectives to security discussions, shaped by their leadership roles, intermittent patient contact patterns, and professional authority. While less research has focused specifically on physician security preferences, available evidence suggests they prioritize:

- Maintaining clinical authority during security incidents
- Balancing security measures with patient access and care quality
- Systems that support clinical decision-making about security risks
- Protection that does not interfere with physician-patient relationships

Weyand et al. (2017) included both physicians and nurses in their survey of emergency department security, finding generally aligned perspectives but noting that physicians often emphasized the need to maintain operational efficiency alongside enhanced security.

Security Personnel Perspectives

Security staff bring specialized expertise to healthcare settings but must adapt their approaches to the unique healthcare context. Patterson et al. (2009) conducted an ethnographic study of hospital security staff, finding that they:

- Viewed themselves as serving both protection and customer service functions
- Sometimes experienced tension between security imperatives and clinical priorities
- Valued clear protocols while also needing discretion to address unique situations
- Desired respect for their specialized expertise in security matters

Rinkoo et al. (2013) developed an approach to gauging the skills of hospital security personnel, identifying core competencies including situational awareness, communication skills, knowledge of healthcare-specific security protocols, and ability to function effectively in the clinical environment. Their research suggests that healthcare security requires specialized training beyond general security preparation.

Management Perspectives

Healthcare managers occupy a unique position, responsible for balancing security needs with operational, financial, and quality considerations. Baby et al. (2016) specifically examined healthcare managers' perceptions of patient-perpetrated aggression, finding that they generally recognized the problem but varied in their views on:

- Responsibility for preventing and managing aggressive incidents
- Resource allocation priorities for security measures
- The role of organizational culture in shaping security climate
- Balancing security with patient-centered care and accessibility

Effective security approaches must address these management perspectives while also incorporating frontline worker priorities, creating potential challenges in developing consensus across organizational levels.

4.2 Setting-Specific Variations in Preferences

Beyond disciplinary differences, practice setting emerges as a major determinant of security preferences. Different healthcare environments present unique security challenges that shape worker priorities.

Emergency Department Preferences

Emergency department staff consistently express the strongest concerns about security and the highest prioritization of robust security measures. Partridge and Affleck (2017) found that ED staff prioritized:

- Highly visible security presence, ideally with dedicated security personnel assigned to the ED
- Ability to restrict public access during security incidents
- Rapid security response to calls for assistance
- Environmental design that facilitates observation and provides escape routes
- Specialized training in managing aggressive patients, particularly those affected by substances or psychiatric conditions

Davids et al. (2021) conducted a qualitative study specifically examining staff experiences with aggression and violence in the ED, finding that staff valued redesigned response systems that incorporated both immediate security measures and longer-term strategies for addressing root causes of violent behavior.

Inpatient Setting Preferences

Staff in general inpatient units typically express different security priorities than emergency personnel, reflecting their more controlled environment and established patient relationships. Preferences often include:

- Controlled access to units, particularly during night shifts
- Clear protocols for managing visitor-related security concerns

- Systems for identifying and communicating about patients with potential for aggressive behavior
- Security measures that preserve the therapeutic environment
- Balanced approaches to managing agitated patients that consider clinical factors

Muir-Cochrane et al. (2020) examined code black events in medical-surgical settings, finding that security incidents in these areas often involved different precipitating factors than in emergency or psychiatric settings, with implications for preferred security approaches.

Mental Health Setting Preferences

Staff in psychiatric and mental health settings express distinct security preferences that reflect their specialized patient population and therapeutic focus. Priorities typically include:

- Security personnel with specialized training in mental health contexts
- Design features that support both security and therapeutic objectives
- Emphasis on preventive approaches and early intervention
- Clear protocols for managing restraint situations that respect patient dignity
- Collaborative approaches between security and clinical staff

Mental health workers often emphasize the importance of maintaining a therapeutic environment even while implementing necessary security measures, creating unique challenges in balancing competing priorities (Queensland Health, 2016).

Community and Home Care Setting Preferences

Workers in community and home care settings face distinct security challenges due to their distributed work environments and often limited access to immediate support. Preferences typically include:

- Mobile duress systems that function outside institutional settings
- Risk assessment tools for evaluating home visit safety
- Clear protocols for when to defer or abort visits due to safety concerns
- Partner or team-based approaches for high-risk situations
- Tracking systems that monitor worker locations during community visits

Queensland Health (2016) specifically addresses the unique security needs of community health workers in their occupational violence prevention framework, acknowledging that different approaches are needed for workers outside traditional healthcare facilities.

5. Evidence-Based Approaches to Healthcare Security

5.1 Integrative Security Frameworks

Research on healthcare worker preferences points toward the need for integrative security frameworks that address multiple dimensions of safety and security. Several evidence-based approaches have emerged:

Comprehensive Violence Prevention Programs

The Joint Commission's revised workplace violence prevention standards require healthcare organizations to implement comprehensive programs that include leadership commitment, worksite analysis, hazard prevention and control, safety and health training, and recordkeeping (Arnetz, 2022). This multidimensional approach aligns with worker preferences for systems that address both immediate security needs and underlying organizational factors.

Queensland Health (2016) has developed a comprehensive Occupational Violence Prevention Framework that incorporates:

- Risk management approaches
- Environmental and design considerations
- Staff training and education

- Post-incident support and management
- Data collection and continuous improvement

This framework exemplifies the type of comprehensive approach that addresses worker preferences across multiple dimensions of security.

Security Governance Structures

Effective security governance emerges as a critical factor in aligning security measures with worker preferences. Schoenfisch and Pompeii (2016) found that hospitals with dedicated security committees that included multidisciplinary representation were more likely to implement comprehensive security programs aligned with staff needs. Evidence-based governance approaches include:

- Security committees with representation from diverse stakeholder groups
- Regular security risk assessments that incorporate worker input
- Systematic review of security incidents with follow-up action planning
- Clear lines of authority and accountability for security matters
- Integration of security considerations into broader quality and safety programs

SafeCare BC (2013) provides resources for establishing effective violence prevention governance structures that incorporate worker perspectives, emphasizing the importance of stakeholder engagement in security planning and implementation.

5.2 Promising Innovations in Healthcare Security

Research has identified several promising innovations that align with healthcare worker preferences for enhanced security:

Behavioral Emergency Response Teams

Specialized teams trained to respond to behavioral emergencies represent a promising approach that balances security needs with clinical considerations. These interdisciplinary teams typically include security personnel alongside clinical staff with specialized training in managing aggressive behavior. Lim et al. (2022) identified such teams as effective collaborative preventive measures, noting that they align with healthcare worker preferences for responses that incorporate both security and clinical expertise.

Patient Service Ambassadors

Queensland Health (2022) has implemented an innovative Ambassador Program to reduce violence in healthcare settings. These non-clinical staff serve functions between traditional security and customer service roles, helping to manage visitor expectations, provide information and guidance, and identify potentially escalating situations before they become security incidents. Early evaluations suggest this approach addresses healthcare worker preferences for preventive measures that maintain a positive hospital environment while enhancing security.

Technology-Enhanced Security Solutions

Technological innovations are creating new possibilities for healthcare security that align with worker preferences. Promising approaches include:

- Mobile duress systems that function across healthcare campuses
- Real-time location systems that can identify worker positions during emergencies
- Electronic medical record flags and alert systems for patients with history of aggressive behavior
- Analytics-driven approaches to security staffing and deployment
- Integration of security systems with clinical communication platforms

Weyand et al. (2017) found that emergency department staff valued technological solutions, particularly when integrated with human security responses and tailored to the specific healthcare context.

5.3 Implementing Security Measures Aligned with Worker Preferences

Successfully implementing security measures that align with worker preferences requires attention to several key principles:

Stakeholder Engagement and Co-Design

Healthcare workers should be actively involved in the planning, implementation, and evaluation of security measures. Hettiarachchi et al. (2023) used qualitative methods to elicit staff preferences for security models, demonstrating the value of systematic approaches to understanding worker priorities. Effective stakeholder engagement includes:

- Formal mechanisms for worker input into security planning
- Representation of diverse roles and perspectives
- Iterative feedback processes during implementation
- Post-implementation evaluation that incorporates worker perspectives

Contextual Adaptation

Security measures must be adapted to the specific context of different healthcare settings. Davids et al. (2021) emphasized the importance of contextual factors in shaping both security incidents and appropriate responses, noting that approaches effective in one setting may not transfer directly to others. Successful adaptation requires:

- Security assessments that consider the unique features of each practice setting
- Recognition of the different needs of diverse patient populations
- Flexibility in implementation while maintaining core security principles
- Ongoing refinement based on setting-specific experience and feedback

Integration with Clinical Workflows

Security measures that disrupt clinical workflows are less likely to be accepted and consistently implemented. Muir-Cochrane et al. (2020) found that successful security interventions in clinical settings required careful integration with existing clinical processes and respect for clinical decision-making. Effective integration includes:

- Designing security processes that complement rather than impede clinical work
- Training that addresses the intersection of security and clinical considerations
- Clear communication about how security measures support rather than detract from patient care
- Streamlined processes that minimize additional workload on clinical staff

Continuous Evaluation and Improvement

Security measures should be subject to ongoing evaluation and refinement based on experience and emerging evidence. Lim et al. (2022) emphasized the importance of data-driven approaches to healthcare security, noting that worker preferences and priorities may evolve over time as new threats emerge and new solutions become available. Effective evaluation includes:

- Regular analysis of security incident data
- Structured feedback mechanisms for workers to comment on security measures
- Periodic reassessment of security risks and worker priorities
- Willingness to modify approaches based on evaluation findings

6. CONCLUSION AND FUTURE DIRECTIONS

6.1 Synthesis of Key Findings

This comprehensive analysis of healthcare workers' preferences and priorities regarding safety climate and security infrastructure reveals several consistent themes across diverse practice settings:

1. **Multidimensional nature of security needs:** Healthcare workers conceptualize security as encompassing physical measures, organizational policies, and interpersonal dynamics, with all dimensions necessary for comprehensive protection.
2. **Context-sensitive preferences:** While certain security elements are valued across settings (visible security presence, clear protocols, leadership support), preferences vary significantly based on practice context, with emergency departments, inpatient units, mental health settings, and community contexts each presenting unique security profiles.
3. **Balance of competing priorities:** Healthcare workers consistently express the need to balance robust security with therapeutic imperatives, accessibility, operational efficiency, and patient-centered care.
4. **Importance of organizational factors:** Beyond tangible security measures, workers emphasize the critical importance of organizational culture, leadership commitment, and administrative support in creating secure work environments.
5. **Value of integrated approaches:** Workers prefer security approaches that integrate physical, procedural, and interpersonal elements rather than isolated interventions focused on single dimensions of security.

These findings highlight the need for healthcare organizations to develop security approaches that address the full spectrum of worker concerns while adapting to the specific contexts of different practice settings. Standardized, one-size-fits-all approaches are unlikely to meet the diverse security needs of the healthcare workforce.

6.2 Implications for Practice

The findings of this analysis have several important implications for healthcare security practice:

1. **Security assessment and planning** should incorporate systematic approaches to understanding worker preferences, such as the discrete choice methodology described by Lancsar and Louviere (2008) and applied to healthcare security by Hettiarachchi et al. (2023).
2. **Security personnel deployment** should be tailored to setting-specific needs, with consideration given to visibility, specialized training, and integration with clinical teams as prioritized by healthcare workers.
3. **Training programs** should extend beyond dedicated security staff to include all healthcare workers, with content tailored to specific roles and practice contexts.
4. **Incident reporting systems** should be streamlined and accessible, with transparent follow-up procedures and regular feedback to reporters about organizational responses.
5. **Security governance structures** should include multidisciplinary representation and clear mechanisms for incorporating worker perspectives into security planning and evaluation.

Healthcare organizations that align their security approaches with worker preferences are more likely to achieve both better security outcomes and higher levels of worker satisfaction and retention.

6.3 Future Research Directions

While this analysis draws on substantial research regarding healthcare worker security preferences, several important gaps in the literature suggest directions for future research:

1. **Longitudinal studies** examining how security preferences evolve over time and in response to changing healthcare contexts and emerging threats
2. **Comparative effectiveness research** evaluating different security models against worker-defined outcome measures
3. **Implementation science approaches** examining factors that facilitate or impede the adoption of security measures aligned with worker preferences

4. **Economic analyses** assessing the cost-effectiveness of different security approaches from both organizational and worker perspectives
5. **Patient perspectives research** exploring how security measures aligned with worker preferences impact patient experience and outcomes

Addressing these research gaps would provide valuable evidence to guide the continuing evolution of healthcare security practices in ways that meet the needs of healthcare workers across diverse practice settings.

6.4 Conclusion

This comprehensive analysis demonstrates that healthcare workers across different disciplines and practice settings express sophisticated and nuanced preferences regarding safety climate and security infrastructure. While certain core elements—visible security presence, comprehensive training, clear response protocols, administrative support, and appropriate technology—are valued across contexts, the specific manifestation of these elements must be adapted to the unique challenges of different healthcare environments. Healthcare organizations seeking to enhance worker safety and security should move beyond standardized, compliance-oriented approaches to develop security systems that genuinely address worker priorities. By centering healthcare worker perspectives in security planning, implementation, and evaluation, organizations can create environments that protect both workers and patients while supporting the delivery of high-quality, compassionate care.

As healthcare continues to evolve in response to changing social contexts, emerging technologies, and new models of care delivery, security approaches must similarly evolve. By maintaining ongoing dialogue with healthcare workers about their security preferences and priorities, organizations can ensure that security measures remain relevant, effective, and aligned with the core mission of healthcare: healing environments where both patients and providers feel safe and supported.

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